

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/308,955</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		3		3			54				
5	1		1				55				
6		1		1			56				
7		1		1			57				
8		3		3			58				
9		3		3			59				
10		3		3			60				
11		3		3			61				
12	1		1				62				
13		1		1			63				
14		1		1			64				
15			1				65				
16				1			66				
17				1			67				
18			1				68				
19				1			69				
20				1			70				
21			1				71				
22				1			72				
23				1			73				
24			1				74				
25				1			75				
26				1			76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		7				TOTAL IND.				
TOTAL DEP.	21		29				TOTAL DEP.				
TOTAL CLAIMS	24		36				TOTAL CLAIMS				

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